

**California Emergency Services (Cal EMA)
LAW ENFORCEMENT AND VICTIM SERVICES (LEVS) DIVISION
ANTI-DRUG ABUSE (ADA) PROGRAM – PERFORMANCE SITE VISIT**

Public Safety Branch ☒

Drug Enforcement Section ☒

| GRANT NUMBER | GRANT AWARD PERIOD | GRANT AWARD AMOUNT |
|--------------|---------------------|--------------------|
| ZA09010470 | 03/01/10 – 02/28/12 | 286,232 |

| | |
|----------------|-------------------------------------------|
| PROGRAM NAME: | County of Siskiyou |
| PROJECT TITLE: | ADA Enforcement Team Recovery Act Program |

| | |
|-------------------------------|------------------------------------|
| (1) ADMINISTRATIVE AGENCY: | County of Siskiyou |
| (2) IMPLEMENTING AGENCY: | Sheriffs Office |
| (3) PROJECT DIRECTOR: | Michael Murphy, Undersheriff |
| Address: | 311 Lane Street Yreka, CA 96097 |
| Phone: | 530-842-8300 |
| (4) PROJECT COORDINATOR: | Camy Rightmier |
| Alternate Contact (Designee): | |
| Date of Visit: 4-27&28-10 | Visit Conducted By: Laurie Ballard |

PERSON(S) INTERVIEWED/CONTACTED DURING THE VISITATION

| Date | Name | Title within Agency | Job Title (Project) |
|------|------|---------------------|---------------------|
| | | | |
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| | | | |

Signature of OES Representative Conducting the Visit

5.28.10

Date

Signature of Section Chief

5/28/10

Date

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

I. PROGRAMMATIC REVIEW

A. General

YES NO N/A

1. Does the project being visited fit within one of the following categories? (check only one) [✓]

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

☐ 2nd Year;

☐ 3rd Year;

☒ Over three years, (Please specify) 22 years.

2. Operational Documentation

Does the project have current versions of the following:

- a. Recipient Handbook
- b. Program Guidelines
- c. Grant Award Agreement

| | | |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Goals, Objectives, and Project Activities

(Review the project's responses to the goals, objectives, and activities of the Grant Award Agreement.)

- a. Is the program meeting the programmatic requirements of this program?
If no, has the project discussed the possibility of submitting a grant award modification?

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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- b. Is the project making satisfactory progress toward achieving the goals and objectives? If not, please explain.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

4. Progress Reporting

(Review the progress report format, content and submission requirements.)

- a. Has the project submitted all required reports on time? If not, please explain.

| | | |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|

- b. Has the project kept accurate source documentation to support statistical data on the progress report?

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

I. PROGRAMMATIC REVIEW (continued)

| | YES | NO | N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 5. Programmatic Source Documentation | | | |
| a. Has the project developed an information retrieval system that will accurately support the projects data on the Progress Report form? <i>(This system may be automated or manual.)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the project use data summary sheets, actual case records, or other concrete documents that validate project performance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Project Staff Duties & Responsibilities <i>(Assure that project staff have made other project staff available for interviews during the visitation.)</i> | | | |
| a. Have all grant funded project staff positions been filled? If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are job descriptions "project specific", rather than a copy of the "county" local agency job classification/position description? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Do project staff meet all special skill certifications required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are staff performing duties discussed in the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have project staff assumed duties for more than one Cal EMA funded project? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are there any programmatic problems that are unique to this project? If yes, please explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Program Specific Requirements | | | |
| a. Are Project Income Reporting forms completed and mailed to Cal EMA on a quarterly basis? <i>(Only required if asset forfeiture funds are received and/or expended.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Is a copy of the signed DEC Protocol MOU in file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

I. PROGRAMMATIC REVIEW (continued)

| | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| c. Are there outstanding issues related to carrying out the DEC Protocol requirements? If yes, please explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Is a copy of the ADA Steering Committee minutes in file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are the minutes dated and signed by law enforcement, prosecution, probation and the county drug administrator? If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do the minutes include a description of the plan and distribution of funds? If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is a copy of the Operational Agreement in file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is the Operational Agreement dated and signed by all participating agencies? If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. ADMINISTRATIVE REVIEW

A. General

1. Program Files

- a. Is the project familiar with preparation requirements for the following frequently used Cal EMA forms:

| | | | |
|--------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| (1) Form 2-223, Grant Award Modification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Form 2-201, Report of Expenditures and Request for Funds | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Personnel Policies

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Are written personnel policies in place and available to all employees? Method <i>orientation and intra-net</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do the policies discuss work hours, compensation rates, including overtime, and benefits; vacation, sick, or other leave allowances, hiring and promotional policies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ANTI-DRUG ABUSE PROGRAM
PERFORMANCE SITE VISIT FORM**

II. ADMINISTRATIVE REVIEW (continued)

YES NO N/A

B. Financial Requirements

1. Functional Time Sheets

- | | | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Does the project use a Functional Time Sheet for all project positions employed less-than fulltime? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are functional time sheets completed correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the percent (%) of time project staff spend on other non-project duties being tracked? (Review timesheets) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Duties of the Financial Officer

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Has the project taken steps to assure that the duties of the financial officer are separate from that of the bookkeeper and project director? (separation of duties) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Who signs checks? <i>Leanna Dancer</i> Who approves purchases <i>Ed Cameron</i> | | | |

C. Financial Source Documentation

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Does the project maintain updated budget pages on all approved grant award modifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the project maintain Confidential funds? If so, are protective safeguards and policies in place? Describe: <i>Kept locked in Ed Cameron office</i> _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Asset forfeiture. How is it tracked and reported? <i>Review project income qtrly report</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the project submitted Reports of Expenditures on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does expenditure rate commensurate with the elapsed Period of the grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

II. ADMINISTRATIVE REVIEW (continued)

| | YES | NO | N/A |
|--|-----|----|-----|
|--|-----|----|-----|

D. Equipment

1. Acquisition

- | | | | |
|--------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Are equipment purchases authorized budget items? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Was equipment purchased in accordance with the Grant Award Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

E. State/Federal Administrative Requirements

1. Mandated State and Federal Programs

(Determine whether or not the following documents are posted at the site visited)

- | | | | |
|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. A current Equal Employment Opportunity (EEO) Policy Statement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A current "Harassment or Discrimination in Employment is Prohibited by Law" poster? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A current Drug-Free Workplace Policy statement? | | | |
| d. Documentation of the California Environmental Quality Act (CEQA) on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

III. PROGRAMMATIC, ADMINISTRATIVE, AND FINANCIAL DISCUSSIONS

(Provide a summary of observations, findings, and recommendations made during the visit)

Thank you for your time and cooperation during my site visit of your ADA Program on April 27 and 28, 2010. I commend you for being so well organized and meticulous with the presentation of program materials. Overall, the project meets or exceeds most grant requirements; however, the following findings include actions required in order to bring the project into full grant compliance.

A. California Environmental Quality Act (CEQA)

Finding: Unable to locate any documentation on CEQA Policy.

Corrective Action: I was unable to locate anything at Cal EMA that would assist you in meeting this objective. Please contact your Environmental Services Office and request a copy for the main office as well as the task force location.

B. Project Specific Duty Statements

Finding: Not available at time of visit

Corrective Action: Camy has since submitted project specific duty statements for people employed under the grant.

C. Untimely Reporting on Progress Reports

Finding: Project has been delinquent on submission of progress reports.

Corrective Action: I explained the importance of timely submissions of progress reports especially in terms of the ARRA grants. I believe that this coming year reports will be submitted on time.

This program had several issues arise during grant period and therefore was not put into agreement until March, 2010. I don't believe these issues will be present in the next grant cycle and therefore, have no concerns.

I obtained copies of time cards as documentation of Functional Time Sheets.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Drug Enforcement Section

Anti-Drug Abuse (ADA) Enforcement Team Recovery Act Program

California Multi-Jurisdictional Methamphetamine Enforcement Team (Cal-MMET) Recovery Act Program

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

- | | YES | NO | N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. Is the project aware of the Central Contractor Registry (CCR) requirements?

- ☐ Register with a valid DUNS number; and
- ☐ Renew CCR registration yearly for the life of the grant.

Comments:

3. Does the project understand that they report Section 1512(c) information to Cal EMA and not to FederalReporting.gov directly?
- ☐ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and
 - ☐ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3rd working day of each month for JAG funded programs and by the 10th day of the each month for VOCA or VAWA funded programs.
 - ☐ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.

Comments:

4. Does the project understand that by accepting the grant award, they agreed to:

- ☐ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and
- ☐ Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments:

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at www.usdoj.gov/oig.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments:

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

| | | |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments:

8. Does the project understand that by accepting the grant award, they:
- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and
 - Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

| | | |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

Comments:

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:
- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT);
 - PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and
 - Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked.
- (Specific to Recovery JAG funded programs only).*

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports)

☐☐☒☐☐☒

Comments:

SECTION IV - ADDITIONAL COMMENTS:

NOTES: